


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90473 034 \*\*\*158.75

<b>DOCUMENT # P93000084115</b>		
1. Entity Name <b>POOCH PAD PRODUCTS, INC.</b>		

Principal Place of Business <b>2132 CAMDEN WAY CLEARWATER, FL 33759</b>	Mailing Address <b>PO BOX 14309 CLEARWATER, FL 33766-4309</b>
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2. Principal Place of Business <b>1103 Celebration Ave</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 470877</b> Suite, Apt. #, etc.
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04152005 Chg-P CR2E034 (10/03)

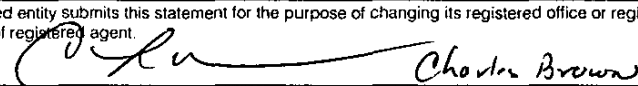
City & State <b>Celebration, FL</b>	City & State <b>Celebration, FL</b>
Zip <b>34747</b>	Country <b>US</b>
Zip <b>34747-0877</b>	Country <b>US</b>

4. FEI Number <b>59-3213795</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BROWN, CHARLES L 2132 CAMDEN WAY CLEARWATER, FL 33759</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>1103 Celebration Avenue</b>	
City <b>Celebration</b>	FL Zip Code <b>34747</b>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable	DATE <b>4/25/05</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BROWN, CHARLES L</b> <b>2132 CAMDEN WAY</b> <b>CLEARWATER, FL 34619</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>JOHNSTON, JOHN F</b> <b>4210 KELLINGTON CT</b> <b>MURRVILLE, PA 15668</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1103 Celebration Avenue</b> <b>Celebration, FL 34747</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <b>4/25/05</b>	DAYTIME PHONE # <b>727-225-2732</b>
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